

**Elizabeth John**

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**From:** John Mazza [jrmazza@fhcm.net]  
**Sent:** Thursday, January 11, 2007 3:02 PM  
**To:** Elizabeth John  
**Cc:** 'Tammy Chidester'  
**Subject:** Justice and Wells

Liz:

John Tiano called again his concern that all of the billing is being done under his number, as apposed to the other practitioners. You had mentioned that you would be sending me a credentialing update for the other providers. In addition, when reviewing the month end reports, it looks like all billing is being billed under his name. Please get with Tammy and Bobbie and coordinate this. I want to make certain that we are doing this the correct way that is compliant. Please update me.

Thank You

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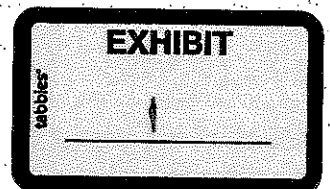
John R. Mazza, President/CEO  
Financial HealthCare Management, LLC  
1400 Johnson Ave., Suite #4S  
Bridgeport, WV 26330  
Ph: 304-842-0307 Fax: 304-842-0315  
email: jrmazza@fhcm.net

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8/21/2007



- achieved, or even termination of treatment if problems arise (such as aberrant behaviors that cannot be otherwise managed—see pages 61-64); and
- Potentially enhance the therapeutic relationship between patient and doctor by enabling clear communication and expectations.

Although examples of standard informed consent agreements for opioid treatment are available at professional society websites such as the American Academy of Pain Medicine ([www.painmed.org](http://www.painmed.org)), many variations of treatment agreements are possible and they can be tailored for specific types of treatment. (Some sample agreements are available through links provided at [www.fsmb.org/pain](http://www.fsmb.org/pain).) They can offer fixed language or include "open" areas to be filled in with specific and unique aspects of the patient's treatment plan. For example, a list of functional goals can be generated within an agreement (written in by hand or typed into a computer-based form and printed out for signing). Clinicians may want to consider adding any of the following common elements to their treatment agreements:

- Education about the risks and benefits of the agreed-upon treatment;
- Clarification of goals for treatment decisions;
- Statements relating to expectations around individualized goals and agreed-upon processes for documenting progress;
- Need for the patient to inform the treating physician of relevant information (i.e., side effects, use of other medications, changes in condition);
- Statement of time frame for which the agreement is in effect;

- Requirements for including or communicating with additional healthcare providers involved (e.g., primary care physician, pharmacist, psychologist, physical therapist, etc.);
- Who receives the agreement, where the agreement is kept, etc.;
- Statement of patient privacy rights;
- Administrative policies and expectations (e.g., missed appointment, follow-up, appearing without appointment, single pharmacy requirements, expectations of how emergencies will be handled, etc.); and
- Specific terms for administrative or other termination (e.g., abusing medication, missed appointments, violating agreement, inappropriate behavior, no improvement, pregnancy, tolerance, toxicity, etc.).

Treatments involving controlled substances may be well served by including the following additional elements:

- Patient responsibilities on improper use of controlled substances (e.g., overdosing, seeking medication elsewhere, selling medication, stopping medication abruptly);
- Limits on replacing lost medication or changing prescriptions;
- Limits on drug refills (e.g., phone allowances, mailing or faxing policy, normal office hours, etc.);
- Agreement to comply with random drug screens;
- Education on side effects (including tolerance and withdrawal);
- Education on addiction risks and behaviors;
- Pharmacy issues (e.g., one pharmacy, in-state pharmacy);

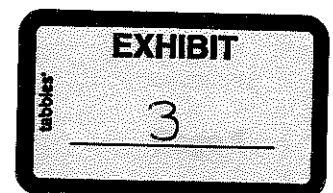
EXHIBIT

2

**JOHN TIANO, MD****Medicare Payment Totals**

<b>Time Period</b>	<b>BILLED</b>	<b>ALLOWED</b>	<b>PAID</b>
TOTALs for 08/15/05 - 12/31/05	\$ 92,332.00	\$ 48,612.66	\$ 37,110.16
TOTALs for 01/01/06 - 12/31/06	\$ 262,466.75	\$ 127,033.24	\$ 85,917.37
TOTALs for 01/01/07 - 12/31/07	\$ 526,946.50	\$ 273,347.27	\$ 181,819.05
TOTALs for 08/15/05 - 04/20/07	\$ 494,755.75	\$ 247,364.36	\$ 157,462.93
TOTALs for 08/15/05 - 08/20/07	\$ 639,993.75	\$ 322,649.06	\$ 216,008.94
TOTALs for 08/21/07 - 12/31/07	\$ 241,751.50	\$ 126,344.11	\$ 88,837.64
TOTALs for 01/01/08 - 08/08/08	\$ 407,484.60	\$ 219,430.15	\$ 139,962.51
TOTALs for 08/15/05 - 12/31/07	\$ 881,745.25	\$ 448,993.17	\$ 304,846.58
TOTALs for 08/15/05 - 08/08/08	\$ 1,289,229.85	\$ 668,423.32	\$ 444,809.09

<b>Time Period</b>	<b>PAID</b>
TOTALs for scheduled drugs 01/02/06 - 07/28/07	\$ 58,658.57
TOTALs for all prescriptions 01/02/06 - 08/11/07	\$ 205,929.66



August 20, 2007

**Justice Medical Complex  
52 Stonecoal Road  
Kermit, WV 25674**

**To whom it may concern,**

**Please note that doctors John T. Tiano and Feras Elbash are no longer involved in patient care at the Justice Medical Complex. This has been in effect since April, 2007.**

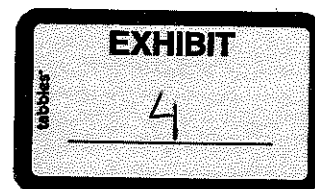
**We would appreciate your immediate attention concerning this matter in the areas of prescription medication and medical billing.**

**If there are any questions regarding this matter please contact John T. Tiano, M.D. at (304) 697-1237.**

**Sincerely,**

  
**John T. Tiano, M.D.**

  
**Feras Elbash, M.D.**



August 20, 2007

**Save-Rite Discount Pharmacy  
50 Lincoln Street  
Kermit, WV 25674**

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**Feras Elbash, M.D.**

August 20, 2007

**Financial Healthcare Management  
1400 Johnson Avenue, Suite 45  
Bridgeport, WV 26330**

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**John T. Tiano, M.D.**

  
**Feras Elbash, M.D.**



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1. Article Addressed to:

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50 Lincoln St.  
Hermit, WV 25674

2. Article Number

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☐ Agent☐ Addressee

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RICK HAYES

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☐ Yes

Dear Tim and Heather:

Now that I'm back in West Virginia, I've finally had some time to reflect on any extraordinary experience in Haiti. It all went so fast, but what a week I had. Thanks for helping me get to go. I definitely plan to thank Judge Copenhaver and Monica Schwartz for letting me go. I'm already wanting to go back. Here is a brief chronology of my days there:

Day 1:

After an uneventful plane ride we arrived in the Dominican Republic and were bused into Haiti. At the border it was startling to see the difference. In the Dominican Republic the land was green and the buildings were relatively well-kept. In Haiti, at the border, there was no greenery, no buildings, just stalls with people on bikes with dead chickens hanging from the handlebars. The Haitians were trying to sell these chickens plus anything else that they had. Garbage was strewn everywhere that you looked; garbage that was smelling because of the conditions and the heat. You hear about such conditions, but when you see and smell and virtually "taste" the squalor, it's an eye-opener. One bright spot was that the UN had recently paved the road on the Haitian side. A UN headquarters was on the outskirts of Fort Liberte and staffed with American and Uruguan guards. There was a heavy UN presence and this provided some sense of comfort.

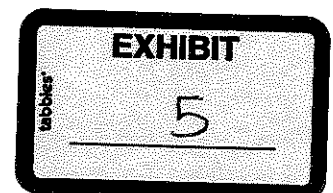
Forte Liberte is a town of 10,000 and this is where the medical clinic and orphanage are located. The town is bustling with people, but there are no stores or gas stations just stalls from which people sell food or whatever goods they have.

We unloaded the med supplies, formula, soap, bandages, etc. that we had brought for the clinic and orphanage. The clinic is a cinderblock building with 5 exam rooms. I didn't know what to expect and was somewhat anxious, but said to myself, "here we go!"

That Afternoon:

We had one-half day in the clinic with our team which consisted of 1 doctor(myself), 1 nurse practitioner, 2 nurses and interpreters. This afternoon we saw 150 patients. In order to be efficient we had the nurses and interpreters in each room and I floated between the rooms.

Sadly, malnutrition was rampant in the children evidenced by the red tint to their hair. Hypertension and diabetes is another persistent problem. What was really tragic was the fact that many of the children were accompanied by aunts and grandparents because their parents were killed in the earthquake. Although Fort Liberte was not directly impacted by the earthquake the people fled here and many of the patients were refugees from Port-Au-Prince.





Day 2:

The day started early in Haiti. We were awake at 6:30 am and we were at the clinic from 8:00 am to 5:30 pm. It was a busy day we saw over 250 patients.

One patient was having a stroke as his pupils were fixed/dilated and his breathing was labored. We started an IV and sent him to the hospital. I used to think some people in West Virginia were really poor; this poor fellow's transportation was a wheelbarrow. A 12 year old who was seen by the Ohio State team the previous week had Steven Johnson Syndrome; we continued the acyclovir to decrease the viral load and continued the antibiotics to prevent secondary infection. Later I toured the orphanage which the Columbus Dispatch described as worse than an American prison. I would have to agree, but the children were happy, laughing and playing. Their showers and latrines are outdoors. There is standing water around the orphanage and mosquitos are everywhere. You can't believe how many mosquitos!

The orphanage has a generator which they run part of the day; however the kitchen facilities are poor and there is no refrigeration. Your heart goes out to these children with nothing, but they have a smile and a cheerfulness when they see you and it makes me happy that I am doing something, anything, to make it a little better for them. They're just beautiful kids!

Day 3:

We rose again at 6:00 am and we started the clinic at 8:00 am. Seeing well over 250 patients. A few of the patients were from the earthquake with a need to have a cast removed. A little girl was brought into the clinic with a possible fracture of the left wrist. She was previously seen at the hospital in Fort Liberte and the diagnosis was that it was not a fracture; however, this was a definite fracture with mild displacement. I thought it was best to send her to Milo Hospital about 30 miles away for further evaluation. We saw many patients with a history of strokes, hypertension, coronary artery disease and diabetes. We saw scabies and intestinal parasites. Medical treatment is a scarcity. One stroke patient had left-sided weakness; I treated him for the hypertension and gave him an aspirin regiment. There was nothing else I could do because of the limited facilities. We take so much for granted back home.

Day 4:

On this day 1 NP and 1 nurse went to the Cap Haitien clinic, a city with 500,000; they saw 100 patients. I stayed at the clinic in Fort Liberte with 1 nurse and the interpreter; we saw 178 patients. The people were very sick with many illnesses as previously mentioned, but intestinal parasites are an unending battle. A fisherman came to the clinic with a 3 cm x 1.5 cm splinter through the 5th and 4th fingers. I used forceps between his fingers to push the piece of wood out enough so I could get another set of forceps and get a better grip on the splinter. I had to use a scalpel to widen the puncture wound and I was able to remove the splinter. To my surprise the fisherman barely flinched; he was then given IV antibiotic along with oral ones.

At some point, I couldn't believe I was in Haiti treating the poorest of the poor. Me, John Tiano, who not so long ago was working my tail off trying to run a couple of restaurants in Morgantown. In my wildest dreams then, I never would have conceived of what I was actually doing in Haiti. Then it hit me like a ton of bricks - all the studying, the all-nighters, the fatigue, the many years as a student and resident had prepared me to be here treating the needy in Haiti and through my stupidity and what I perceived as desperate circumstances, which pales in comparison to their circumstances, I have jeopardized all that I have trained and live to do. I love being a doctor and I recall thinking that I've never felt more like a doctor or proud to be in the healing business than I did when I was there.

Day 5:

Today we again started in the clinic at 8:00 am, seeing close to 300 patients. Many of the patients had poorly controlled diabetes and hypertension. The problem is that without proper care and follow-up these diseases lead to coronary artery disease and stroke. There needs to be more education concerning these diseases so that the patients can better understand their conditions and take preventative care. To give you an example of the rampant illnesses and poor health I saw was an 18 year old -one month postpartum girl who was in overt heart failure with ascites and peripheral edema. She most likely had postpartum cardiomyopathy which is 100 times more prevalent in Haiti than in the US. I gave her a diuretic and sent her to Milo hospital for further evaluation.

Day 6:

We worked a half day at the clinic and saw 180 patients. Most Haitians suffer from illnesses that need monitoring and follow-up, such as hypertension, cardio-problems and diabetes. They just don't get the continuation of care.

Today was interesting in that we visited a Haitian family who is supported by one of the visiting nurses. The neighborhood was extremely poor with children under 2 rarely having clothes. The family was proud and gracious; the father was extremely articulate. The house was simple, but very clean. Their son is a type I diabetic; who on a previous trip 2 years ago was brought to the clinic in a diabetic coma. This day he looked good; but his sugar levels were monitored and he had been taught how to check his sugar levels. It was indeed a good visit.

Day 7:

When we arrived at the clinic at 8:00 am there was a line of patients waiting to get in. They knew we were leaving the next day. We saw 150 patients, most with illnesses that needed monitoring.

The director felt it was important for me to see the hospital. We toured the hospital with a Haitian nurse named, Louisiana, who works at both the clinic and the hospital. The hospital has 3 wards and an "emergency room;" the conditions were adequate. There was no modern technology, just an old x-ray machine. We also toured the Catholic church, which was very large and impressive.

That evening we had a party for the orphans. We gave them soccer balls and basketballs - they loved them! The children have very little as far as clothes and their living conditions are less than adequate. However, they are fed 3 meals a day and they have shelter; but as I said showers are concrete stalls and latrines are outside. I must emphasize again that they seem happy and grateful for anything they receive. Smiles abound! The smiles are infectious. Their appreciation almost overwhelms me!

Day 8:

This was our day to depart and we had to leave in the AM to go back across the border by truck and get to the airport in DR to catch our plan for the US.

I have seen poverty on other islands in the Caribbean but nothing like the poverty in Haiti. People in WV at the poverty line have luxuries compared to these people. When you say that all that they have is the "shirt on their backs" you can take that literally. They have nothing and when I say nothing that is what I mean. The homes are shacks with rusted metal roofs; those lucky enough to have a home. The 2,000 refugees from Port-au-Prince slept with relatives in already cramped quarters or in makeshift tents. Medical attention is limited to the arrival of a medical group which is sporadic.

I pray I will someday soon be able to return. This trip did more for me than I think I did for the Haitian people. Without question, this was the most satisfying experience of my medical career.

Thanks,  
JL



May 14, 2010

To Whom It May Concern:

I am writing you as a board member of the Friends of Fort Liberté', a non-profit, 501c3, whose mission is to support the Jeruselum Baptist Church in Fort Liberté', Haiti. The organization has been functioning for 30 years and during that time has:

1. Built a Church, Pastor home with dorm rooms for mission groups, a 1-13 grade school, orphanage, a professional school, a medical clinic, a farm house for the Church's farm manager and various other homes for the homeless.
2. Developed a sponsorship program for homeless children so that they could be cared for in the orphanage.
3. Developed a sponsorship program for children of destitute families so that their children can attend school, receive at least one meal a day, have uniforms and books and sometimes have some money left for the family to purchase food.
4. Developed a "Feed my Lambs" program which provides a meal for the students that are not sponsored.
5. Sent groups to Fort Liberté' 6-8 times a year. These groups staff the clinic and/or work on construction projects.
6. Was able to raise funds to support the refugees which came to Fort Liberté' after the earthquake in Port au Prince.

It was in March, when I was putting together an emergency group of Health Care Professional that I first heard from John Tiano. He had contacted the FFL director about going to help with the crisis in Haiti. After meeting with John and seeing his sincere desires to help in Haiti, I gladly welcomed him to our group.

John was by far the best first timer I have had in the clinic. His skill level, his ability to work in sometimes difficult situations, his flexibility and affection for his patients, translators and fellow missionaries was unparalleled. He made my life as a leader and fellow HCP easier and added a tremendous amount to the care of the patients seen in the clinic.

At that time John expressed a desire for returning to Fort Liberté' to work in the clinic so I was not surprised when he told me of his desire to go there for a year. The areas in which John can provide benefit to the people of Fort Liberté' is as follows:

1. Provide some consistent health care particularly in the chronic diseases such as diabetes and blood pressure management. These chronic diseases are endemic to Haiti due to heredity and the lack of consistent care.
2. Provide acute care to many patients that literally would die if an American Health Care Provider isn't in town.

3. He would be able to teach the 2 nurses that work at the clinic. Although they graduated from a Haitian Nursing School there are many concepts that they lack and though they have been taught many of the skills and principals they need consistent reinforcement.
4. He would be able to develop and help the Haitian Nurses implement a number of educational programs aimed at preventing and controlling disease.
5. We are also looking at redesigning our charts and he would be able to pilot the new form and help us to make needed changes.
6. In being there for a year he would be able to provide many insights to the culture of the community that would improve our ability to provide not only improved health care, but also the development of other programs and job opportunities for the people of Fort Liberte'.
7. I also hope that John will be able to forge a stronger relationship between our clinic and the small, poorly supported government hospital.

My assumption is that Pastor Andre will have John live in an apartment that was built above the clinic just for this purpose. The apartment is being finished with indoor plumbing in 2 weeks. He will have a bedroom, living area, bathroom and kitchen. The electricity will be provided via generator. He will need to discuss with Pastor Andre whether he will be cooking for himself or if he will be eating with the Pastor and his wife. Pastor Andre will arrange for clean water (safe to drink) to be available.

The clinic is a cinder block building with stucco finish and tiled floor. There is electricity from a generator to provide light and ceiling fans. There are exam rooms, a fairly well stocked pharmacy and supply room. There is a staff to check people in and get their charts, a part-time lab tech and a full time nurse. He will also need a translator when seeing patients. The clinic is typically opened 8-9 hours a day M-F.

I found that John interacted in an easy manner with the people of the community, in the clinic and outside of the clinic. Most of people in Fort Liberte are very poor. There are very few job opportunities and many families are doing well to have one meal a day. The malnourished rate is very high, especially in infants and young children. Many women die in childbirth and the average lifespan in Haiti is 48yo. The people of Fort Liberte' are warm and loving and appreciate the fact that the American groups travel there to help the community. Fort Liberte' is a good hour from any major city and therefore seen as a safer place than Port au Prince. I have never felt unsafe in anyway while there. The clinic and apartment area is in a compound that is locked at night.

I hope that you can see the very valuable work John could do while in Fort Liberte', for the community and to enable the FFL to improve our work there. If you have any question please reach out to me. My contact information is below. If you need the names of the two nurses that traveled with us to give their views of John's abilities and character when we were in Fort Liberte' I can provide you with their names and contact information (I would need to get their permission first).

Sincerely,



Trish Putnam  
4303 Holly Springs Road  
Amissville, VA 20106  
Home: 540-937-3625  
Cell: 540-272-9259  
[trish.putnam@bms.com](mailto:trish.putnam@bms.com)